OMB APPROVAL

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SEC USE ONLY

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DATE RECEIVED

FORM D 03035018

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 ECEIVED

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Common Stock Issuances	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Tarantella, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 425 Encinal St., Santa Cruz, CA 95060	Telephone Number (Including Area Code) (831) 427-7222
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) 425 Encinal St., Santa Cruz, CA 95060	Telephone Number (Including Area Code) (831) 427-7222
Brief Description of Business Develop, Market and Support Computer Software	
Type of Business Organization	BBOCESSE
corporation limited partnership, already formed	PKOCFOOF
business trust limited partnership, to be formed other	r (please specify): PROCESSE
Actual or Estimated Date of Incorporation or Organization: Month Year 7 9	THOMSON

GENERAL INSTRUCTIONS

Jurisdiction of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

(Enter two-letter U.S. Postal Service Abbreviation for State:

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



CA

A. BASIC IDENTIFICATION DATA	<u>.</u>
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securitie Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 	s of the issuer;
	l and/or ing Partner
Full Name (Last name first, if individual)	
Michels, Douglas L.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
425 Encinal St., Santa Cruz, CA 95060	
	l and/or ing Partner
Full Name (Last name first, if individual)	
Bresee, Randall	
Business or Residence Address (Number and Street, City, State, Zip Code)	
425 Encinal St., Santa Cruz, CA 95060	
	l and/or ing Partner
Full Name (Last name first, if individual)	
Sabbath, Steven M.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
425 Encinal St., Santa Cruz, CA 95060	
	l and/or ing Partner
Full Name (Last name first, if individual)	
Costa, Edmundo	
Business or Residence Address (Number and Street, City, State, Zip Code)	
425 Encinal St., Santa Cruz, CA 95060	
	l and/or ing Partner
Full Name (Last name first, if individual)	
Mohan, Alok	
Business or Residence Address (Number and Street, City, State, Zip Code)	
425 Encinal St., Santa Cruz, CA 95060	
	l and/or ing Partner
Full Name (Last name first, if individual)	
Lachman, Ronald	
Business or Residence Address (Number and Street, City, State, Zip Code)	
425 Encinal St., Santa Cruz, CA 95060	
	l and/or ing Partner
Full Name (Last name first, if individual)	
Eadie, Ninian	
Business or Residence Address (Number and Street, City, State, Zip Code)	<u> </u>
425 Encinal St., Santa Cruz, CA 95060	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Thompson, R. Duff	· <u>:</u>				
Business or Residence Addre	ss (Number and Street	, City, State, Zip Code)			
425 Encinal St., Santa Cruz	, CA 95060				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
McClure, Robert					
Business or Residence Addre	ss (Number and Street	, City, State, Zip Code)			
425 Encinal St., Santa Cruz	, CA 95060				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Williamson, Gil					
Business or Residence Addre	ess (Number and Street	, City, State, Zip Code)			
425 Encinal St., Santa Cruz	, CA 95060				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and Street	, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and Street	, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and Street	t, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and Stree	t, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and Stree	t, City, State, Zip Code)			

				В.	INFOR	MATION A	ABOUT OF	FERING				
1 4	o the issues sel	d or door the i	over intend t	o sall to no	n agendited i	investore in t	his offering?	,			Yes	No 52
I. Ha	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.						×					
What is the minimum investment that will be accepted from any individual?						\$	n/a					
				-							Yes	No
	es the offering										\boxtimes	
	ter the informat muneration for	•	-					-	-			
pe	rson or agent of	f a broker or dea	der registered	l with the SE	C and/or with	h a state or st	ates, list the t	name of the b	roker or deal	ler. If more		
	an five (5) perso aler only.	ons to be listed	are associated	i persons of	such a broker	r or dealer, yo	ou may set fo	orth the inforr	nation for th	at broker or		
	me (Last name	first, if individu	ıal)								-	
	ous Securitie											
	s or Residence			•	-							
	est 42nd Str		or, New Y	ork, NY	10036			·				
	f Associated Brous Securitie											
	Which Person		icited or Inte	nds to Solic	it Purchasers							
	ck "All States"										Па	l States
						•					_	
[AL		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
(IL)		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[M]		[NV]	[NH]	[LN]	[NM]		x [NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last name	first, if individu	ıal)									- <u>-</u>
			,									
Busines	s or Residence	Address (Num	per and Stree	t, City, State	, Zip Code)					1.0		
Name o	f Associated B	roker or Dealer										
rame o	1 71330ciated Di	toker of Dealer										
States in	1 Which Person	Listed Has So	licited or Inte	ends to Solic	it Purchasers							
(Che	ck "All States"	or check indivi	duals States)								☐ Al	Il States
[AL	.] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	DC]	[FL]	[GA]	[НП	[ID]
[IL]] [IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[МП]	[MN]	[MS]	[MO]
[M]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
[171]	[50]	[SD]	[114]	[171]	[01]		[773]	["A]	[,, ,]	[,,,]	(** 1)	(1 K)
Full Na	me (Last name	first, if individ	ıal)	-								
					<u> </u>							
Busines	s or Residence	Address (Num	ber and Stree	t, City, State	e, Zip Code)							
Name o	f Associated B	roker or Dealer										
										·		
	n Which Persor						,					
(Che	ck "All States"	or check indivi	duals States)	•••••			•					ll States
[AL	_] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[M]	T] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			(Use	blank sheet,	or copy and t	ise additiona	l copies of th	is sheet, as n	ecessary)			

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	Amo	unt Already Sold
	Debt	\$0.00	\$	0.00
	Equity	\$2,254,200.00	\$2	2,254,200.00
	Convertible Securities (including warrants)	\$_2,720,250.00	\$	0.00
	Partnership Interests	\$0.00	\$	0.00
	Other (Specify)	\$0.00	\$	0.00
	Total	\$_4,974,450.00	\$2	2,254,200.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number		ggregate ar Amount
		Investors		Purchase
	Accredited investors	4	\$ <u>4</u>	,974,450.00
	Non-accredited Investors	0	\$	0.00
	Total (for filings under Rule 504 only)	N/A	\$	N/A
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
	Type of Offering	Type of Security	Doll	ar Amount Sold
	Rule 505	•	\$	N/A
	Regulation A	N/A	\$	N/A
	Rule 504	N/A	\$	N/A
	Total	N/A	\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	0.00
	Printing and Engraving Costs		\$	0.00
	Legal Fees	\boxtimes	\$	25,000.00
	Accounting Fees		\$	0.00
	Engineering Fees		\$	0.00
	Sales Commissions (specify finders' fees separately)		\$	0.00
	Other Expenses (identify) placement fees	\boxtimes	\$	118,345.00
	Total	\boxtimes	\$	143,345.00

	C. OFFERING PI	RICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF	PROCEEDS			
	total expenses furnished in response to Part C	offering price given in response to Part C - Question 1 and Question 4.a. This difference is the "adjusted gross	d		\$ <u>4,83</u>	,105.00	
	of the purposes shown. If the amount for any	is proceeds to the issuer used or proposed to be used for expurpose is not known, furnish an estimate and check the ents listed must equal the adjusted gross proceeds to the issue.	box				
			Officer	nyments to rs, Directors & Affiliates	-	ents To thers	
	Salaries and fees		🔲 \$_	0.00	□ \$	0.00	
	Purchase of real estate		🔲 \$_	0.00	□ \$	0.00	
	Purchase, rental or leasing and installation of r	nachinery and equipment	🔲 \$_	0.00	\$	0.00	
	Construction or leasing of plant buildings and	facilities	🔲 \$_	0.00	\$	0.00	
		value of securities involved in this offering that may be another issuer pursuant to a merger)	🗆 \$_	0.00	\$	0.00	
	Repayment of indebtedness		🗆 \$_	0.00	\$	0.00	
	Working capital		🔲 \$_	0.00	⋈ \$ 4,831,105.00		
	Other (specify):		\$ _	0.00	 \$	0.00	
	Column Totals		🔲 \$_	0.00	 \$ 4,8	31,105.00	
	Total Payments Listed (column totals add	ded)	\$ <u>4,831,105.00</u>				
		D. FEDERAL SIGNATURE				<u> </u>	
ınd		ne undersigned duly authorized person. If this notice is filed used and Exchange Commission, upon written request of its staffe 502.					
[ss	ner (Print or Type)	Signature	Date				
	antella, Inc. me of Signer (Print or Type)	Dun M. Dull	Octob	er 8, 20	03		
	even M. Sabbath	Sr. VP Law & Carporate AS	201-5	& Secre	1001		
					7		
		•					
		ATTENTION	•				
	Intentional Misstatements or	Omissions of Fact Constitute Federal Criminal Violati	ons. (See	e 18. U.S.C. 100	1.)		